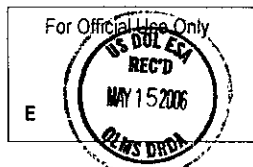


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 06168	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name KEVIN J MCCAFFREY P.O. Box, Bldg., Room No., if any SUITE 300 Street 14 FRONT STREET City HEMPSTEAD State New York ZIP Code + 4 11550	4. Name, file number, and address of labor organization. Name HIGHWAY LOCAL MOTOR, TEAMSTERS LOCAL 707 Labor Organization File Number 033-570 P.O. Box, Building and Room Number, if any SUITE 300 Street 14 FRONT STREET City HEMPSTEAD State New York ZIP Code + 4 11550
5. Position in labor organization. PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On 5/11/2006	516-560-8501
	Date	Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROAD CARRIERS LOCAL 707 WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 301

Street 14 FRONT STREET

City HEMPSTEAD

State New York ZIP Code + 4 11550-3602

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ROAD CARRIERS LOCAL 707 WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 301

Street 14 FRONT STREET

City HEMPSTEAD

State New York ZIP Code + 4 11550-3602

11.a. Nature of such dealing.

Union is the collective bargaining agent for the participants in the Welfare Fund. Kevin McCaffrey is a Trustee on the Welfare Fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement for attendance at three out of town educational conferences and one out of town fund meeting. Reimbursed expenses include registration fees, airfare, hotel, rental car, parking, meals & taxi.

12.b. Amount.

\$5,866

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROAD CARRIERS LOCAL 707 PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 301

Street 14 FRONT STREET

City HEMPSTEAD

State New York ZIP Code + 4 11550-3602

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ROAD CARRIERS LOCAL 707 PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 301

Street 14 FRONT STREET

City HEMPSTEAD

State New York ZIP Code + 4 11550-3602

11.a. Nature of such dealing.

Union is the collective bargaining agent for the participants in the Pension Fund. Kevin McCaffrey is a Trustee on the Pension Fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement for attendance at three out of town educational conferences and one out of town fund meeting. Reimbursed expenses include registration fees, airfare, hotel, rental car, parking, meals & taxi.

12.b. Amount.

\$5,866

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Road Carriers Local 707 Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 301

Street 14 Front Street

City Hempstead

State New York ZIP Code + 4 11550-3602

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Road Carriers Local 707 Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 301

Street 14 Front Street

City Hempstead

State New York ZIP Code + 4 11550-3602

11.a. Nature of such dealing.

Union is the Collective Bargaining Agent for the participants in the Welfare Fund. Kevin McCaffrey is a Trustee on the Welfare Fund.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Reimbursement for educational materials and testing fees for self study related to designation as a Certified Employee Benefit Specialist through the International Foundation of Employee Benefit Funds.

12.b. Amount.

\$1,284

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Road Carriers Local 707 Pension Fund
Trade Name, if any:
P.O. Box, Bldg., Room No., if any Suite 301
Street 14 Front Street
City Hempstead
State New York ZIP Code + 4 11550-3602

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Road Carriers Local 707 Pension Fund
Trade Name, if any:
P.O. Box, Bldg., Room No., if any Suite 301
Street 14 Front Street
City Hempstead
State New York ZIP Code + 4 11550-3602

11.a. Nature of such dealing.

Union is the Collective Bargaining Agent for the participants in the Pension Fund. Kevin McCaffrey is a Trustee on the Pension Fund.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Reimbursement for educational materials and testing fees for self study related to designation as a Certified Employee Benefit Specialist through the International Foundation of Employee Benefit Funds.

12.b. Amount.

\$1,284

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Rothchild Asset Management
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 1251 Avenue of the Americas
City New York
State New York ZIP Code + 4 10020

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Road Carriers Local 707 Pension Fund
Trade Name, if any:
P.O. Box, Bldg., Room No., if any Suite 301
Street 14 Front Street
City Hempstead
State New York ZIP Code + 4 11550-3602

11.a. Nature of such dealing.

Union is the Collective Bargaining Agent for the participants in the Pension Fund. Kevin McCaffrey is a Trustee on the Pension Fund. Employer is an Investment Manager hired by the Pension Fund. The Pension fund pays the Investment Manager a fee.

11.b. Approximate dollar value of such dealing.

\$7,194

12.a. Nature of interest held or income received.

Dinner meetings hosted by several Investment Managers on or about January, 14, 2005, February 1, 2005, April 17, 2005 and May 1, 2005. Sponsored the cost of participation in James R. Hoffa Scholarship Fundraiser.

12.b. Amount.

\$1,400

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.